



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
MASBDA
ALTERNATIVE LOAN PROGRAM
LOAN APPLICATION

BORROWER'S NAME			SOCIAL SECURITY NUMBER	
ADDRESS			CITY	
STATE	ZIP CODE	COUNTY	TELEPHONE NUMBER	
BIRTH DATE		NUMBER OF DEPENDENTS AND AGES		
EMPLOYER			SALARY PER MONTH	
ADDRESS OF EMPLOYER			TELEPHONE NUMBER	
CONTACT PERSON			TELEPHONE NUMBER	
SPOUSE'S NAME			SOCIAL SECURITY NUMBER	
SPOUSE'S EMPLOYER			SALARY PER MONTH	
ADDRESS OF EMPLOYER			TELEPHONE NUMBER	
LOAN AMOUNT REQUESTED		TOTAL PROJECT COST	GRANT OR COST SHARE	
PROJECT DESCRIPTION				
EXACT LOCATION OF LOAN PROJECT (I.E., JEFFERSON TOWNSHIP, RANGE 6, SECTION 52, 911 ADDRESS, ETC.)				
<hr/>				
<hr/>				
BANK INFORMATION				
BANK NAME		BANK ADDRESS		
CITY		STATE	ZIP CODE	
CHECKING ACCOUNT NUMBER		SAVINGS ACCOUNT NUMBER		
OTHER ACCOUNTS		CONTACT NAME		

PERSONAL REFERENCE (NOT RELATED OR FINANCIALLY INTERESTED)			
NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
BUSINESS CREDIT REFERENCES			
1) NAME		CONTACT PERSON	
ADDRESS			TELEPHONE NUMBER
2) NAME		CONTACT PERSON	
ADDRESS			TELEPHONE NUMBER
ADDITIONAL INFORMATION			
<div style="text-align: right; margin-bottom: 10px;">PLEASE EXPLAIN ANY YES ANSWERS</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>Are there any judgments of record against you?</p> <p>Have you been a debtor in bankruptcy in the last 10 years?</p> <p>Are you a party to a lawsuit?</p> <p>Are any of your taxes delinquent or under dispute?</p> <p>Are you obligated to pay alimony or child support?</p> <p>Have you ever declared bankruptcy?</p> <p>Has your spouse ever declared bankruptcy?</p> <p>Are you related to a Missouri Department of Agriculture employee?</p> </div> <div style="width: 15%;"> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> </div> <div style="width: 40%; border-top: 1px solid black; margin-top: 10px;"></div> </div>			
<p>Everything that I have stated in this application is correct to the best of my knowledge. I understand that the application and personal financial statement will be retained by the Missouri Department of Agriculture whether or not the Alternative Loan is approved. By signing this document, I hereby consent and authorize the Missouri Department of Agriculture to issue a credit reference at its discretion.</p>			
SIGNATURE OF BORROWER	DATE	SPOUSE'S SIGNATURE	DATE

CASH FLOW STATEMENT		
CURRENT MONTHLY \$	POST-LOAN (NEW) MONTHLY \$	PROJECTED SALES/INCOME POST-LOAN CLOSING
Mortgage	Mortgage	
Rent	Rent	Sale of Produce \$
Farm Machinery	Farm Machinery	
		Sale of Livestock \$
Automobile	Automobile	
		Sale of Animal \$
Utilities	Utilities	
		Sale of Product \$
Livestock	Livestock	
Feed	Feed	Sale of Product \$
Seed	Seed	
Fertilizer	Fertilizer	Custom Manual Work \$
Credit Cards	Credit Cards	
		Custom Machine Work \$
		Non-Farm Income \$
Labor	Labor	
Taxes	Taxes	
Insurance	Insurance	
Alimony/Child Support	Alimony/Child Support	Additional Income from Business
Other (Equipment, etc.)	Other (Equipment, etc.)	\$
		\$
		\$
		\$
TOTAL	TOTAL	TOTAL



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
MASBDA
ALTERNATIVE LOAN PROGRAM
PROPOSED PROJECT

Please describe your proposed project. Description should include details on production as well as marketing plan.

Please attach additional sheets if needed.

List below the items you will purchase with the Alternative Loan funds and the purchase price of each item.

I verify that the information provided by me is true and correct to the best of my ability and knowledge. If the application is approved, I will implement the stated alternative plan, maintain an accurate record on the project and carry it to completion. I agree to provide the Missouri Department of Agriculture with all pertinent information to document the development and implementation of the alternative project. I am of the understanding the results will be used for educational and informational resources by the Missouri Department of Agriculture.

SIGNATURE OF BORROWER	DATE	SPOUSE'S SIGNATURE	DATE
-----------------------	------	--------------------	------

Mail completed application and copy of most current federal tax returns to: Missouri Department of Agriculture, MASBDA, Alternative Loan Program, P.O. Box 630, Jefferson City, Missouri 65102.

Any further questions call 573/751-2129